
Students with Special Dietary Needs

The District of Columbia Public Schools recognizes that students may have important and varied dietary needs. The attached form allows parents to communicate to their student's school any special dietary needs their child may have. The purpose of this form is to ensure that the dietary needs of every student are known and properly accommodated in order to keep all of our students safe and healthy.

Types of special dietary needs

Food Allergy: Food allergies are a growing public health concern, and they are on the rise. Anaphylaxis is a potentially life-threatening collection of symptoms that occur in allergic individuals after exposure to their allergen. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock. Food allergies can be potentially life-threatening, which is why it is extremely important for parents to notify schools of any food allergy their child has so that the school can accommodate this student appropriately.

Texture Modifications: Students with disabilities may require modifications in texture; food may need to be chopped, ground, or pureed.

Philosophical and Religious Beliefs: Students may also require food substitutions based on philosophical or religious beliefs. The parent or guardian must make the school district aware of these food requests.

Students with Special Dietary Needs form

This form, which details the food substitution or modification requested, includes an identification of the medical or other special dietary condition which restricts the child's diet, texture changes requested, food or foods to be omitted from the child's diet, and food or choice of foods to be substituted. It must be signed by a licensed medical provider and accompany each special dietary request.

Steps in using this form:

1. The parent/guardian of the student must have their licensed medical provider complete and sign the *Students with Special Dietary Needs* form, available on the DC Public Schools website.
2. The parent/guardian must then inform the school nurse of the child's food needs and turn in the signed *Students with Special Dietary Needs* form to the nurse before enrolling the child in school (or as soon as possible after the need is identified).
3. The school nurse must inform the Resident Dietitian (RD) of the request and submit to the RD a copy of the *Students with Special Dietary Needs* form.
4. The RD will coordinate with the on-site food service manager to make necessary preparations, including determining whether food allergens are on the menu.

The school nurse will also inform (and train if appropriate) all relevant classroom teachers, school administrators, transportation personnel, coaches, and after-school coordinators of the student's special diet needs. Necessary personnel must also receive a copy of the *Students with Special Dietary Needs* form and make modifications to activities and procedures as appropriate to ensure the student's safety at all times.

Students with Special Dietary Needs
School Year:

If the student has special nutritional or feeding needs, complete this form and have it signed by a recognized medical authority. If nutrition needs are indicated in an IEP, please attach a copy of the IEP.		
Student's Name:	ID:	Date of Birth:
Name of School:	Grade level:	Teacher's name:
Does the student have a disability? If yes, describe the major life activities affected by the disability:		
List Special Diet or Dietary Restrictions:		
Food Allergies or intolerances:		
Foods to be substituted:		
List foods that need changes in texture. If all foods need to be prepared in this manner, indicate "All." Use an additional sheet if necessary.		
Food requiring texture modifications	Modification (chopped, finely ground, pureed or blended, thickened liquids)	other instructions (including special eating/feeding patterns, feeding techniques, and equipment needed)
Parent/Guardian Name:		Phone:
Medical Provider Name: (physicians, physician assistants, nurse practitioners, etc.)		Phone:
Additional Contact Name:		Phone:
Additional Contact Name:		Phone:

Signature of Parent or Guardian

Date

Signature of Medical Provider

Date